

**Administrative Application**  
**Coconino County Regional Accommodation**  
**School District #99**  
2384 N. Steves Blvd.  
Flagstaff, Arizona 86004  
(928) 779-6591

**Personal Data** (Please type or print) Position Desired \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

**Home Address: (Mailing)**

**Business Address:**

Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Describe your special abilities or talents (e.g., sports, drama, etc.) \_\_\_\_\_

List any extensive travel you have done. \_\_\_\_\_

When will you be available? \_\_\_\_\_

Present position: \_\_\_\_\_

Reason for leaving present position: \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Important:** Before consideration will be given for employment, the candidate must have on file in the Superintendent's Office a complete set of transcripts, a placement file and resumé. It is the candidate's responsibility to see that these materials are provided. Out-of-state candidates should contact the State Department of Education, 2717 N. 4<sup>th</sup> St., Suite 190, Flagstaff, AZ 86004 or 1535 West Jefferson Street, Phoenix, Arizona 85007, regarding certification. All applicants must qualify for Arizona certification prior to employment.

**(For Office Use Only)**

The Coconino County Regional Accommodation School District affirms that it does not discriminate on the basis of race, color, national origin, sex, age or disability in access or admissions to, success or treatment in, any of its educational programs, activities, or employment opportunities.

EQUAL OPPORTUNITY EMPLOYER

☐ Certificate

☐ Transcript

☐ Placement File

☐ Supporting Statements

☐ Resumé

Current Arizona Certificate(s) held	Number	Expiration Date

If none, when will you hold Arizona certification? \_\_\_\_\_

Location of Placement Records and File: (Give complete address)

## References

Give names and complete addresses of three references who are familiar with your personality, character, and work habits. Do not include personal friends, relatives or those references in your placement records.

Name	Official Position	Address		
		Street	City	State

**Professional Experience** (Applicant may substitute his/her own resume if latter provides required information.)

### List Most Recent Experience First

Name and Type of School	Location		Subject(s) Taught	No. of Years	Reason for Leaving
	City	State			

## Education

Dates (Month & Year)	Name of Institution	Location	Diploma or Degree	Date Graduated	Major Field of study	Sem. Hours

**Activities and Honors** (Applicant may substitute his/her own resume if latter provides required information.) List organizations to which you belong:

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Describe any involvement in community or civic activities:

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List honors received:

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## Supporting Statements (Please attach a separate page)

1. What are the aspects of your education and experience that you think would be particularly appropriate for this position?
2. How do you work best in organizing people and resources to accomplish a goal?
3. Why do you wish to become an administrator in CCRASD?

This information will assist us in determining your eligibility for employment. Any additional information you wish to include must be attached to the application before the application is submitted. Employment decisions are based solely upon the individual's qualifications for the position being filled. The Coconino County Regional Accommodation School District is committed to a policy of non-discrimination in relation to race, color, creed, sex, age, national origin, or handicap.

I certify that to the best of my knowledge all answers contained are true and complete. I also understand that any misstatement or omission of fact will subject me to dismissal or disqualification. My signature below will authorize the release of the information requested below.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date \_\_\_\_\_

## Applicants, Please Do Not Write Below This Line

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TO: \_\_\_\_\_ FROM: Coconino County Regional Accommodation School District #99  
Office of the Superintendent  
110 E. Cherry Ave.  
Flagstaff, AZ 86001

The above listed applicant has applied for a position with the Coconino County Regional Accommodation School District, and has listed you as a previous employer. We would appreciate your evaluation as to suitability for employment in our school district. Please fill out the following to the best of your ability.

Position: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Duties Performed:

Would you rehire him/her? yes \_\_\_\_\_ no \_\_\_\_\_ Comments:

ARS §15-512 requires Arizona school districts to make documented, good faith efforts to contact previous employers of a person to obtain information and recommendations which may be relevant to a person's fitness for employment. A previous employer who provides information pursuant to this subsection is immune from civil liability unless the information provided is false and is acted on to the harm of the employee by the school district and the previous employee knows the information is false or acts with reckless disregard of the information's truth or falsity.

To the best of your knowledge, is the above named applicant awaiting trial on or has ever been convicted of or admitted committing any of the following criminal offenses in the State of Arizona or similar offenses in another jurisdiction:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Sexual abuse of a minor</li><li>• Incest</li><li>• First or second degree murder</li><li>• Kidnapping</li><li>• Arson</li><li>• Sexual assault</li><li>• Sexual exploitation of a minor</li><li>• Felony offenses involving contributing to the delinquency of a minor</li><li>• Commercial sexual exploitation of a minor</li><li>• Felony offenses involving sales, distribution or transportation of, offer to sell, transport or distribute, or conspiracy to sell, transport or distribute marijuana or dangerous or narcotic drugs</li><li>• Misdemeanor offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs</li></ul> | <ul style="list-style-type: none"><li>• Felony offenses involving the possession or use of marijuana or dangerous drugs</li><li>• Burglary in the first degree</li><li>• Burglary in the second or third degree</li><li>• Robbery</li><li>• A dangerous crime against children as defined in Arizona Revised Statutes §13-604.01</li><li>• Child abuse</li><li>• Sexual conduct with a minor</li><li>• Molestation of a child</li><li>• Voluntary manslaughter</li><li>• Aggravated assault</li><li>• Assault</li><li>• Exploitation of minors involving drug offenses</li></ul> |
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\_\_\_\_ No, to the best of my knowledge, the above named applicant never has been convicted of or admitted in open court pursuant to a plea agreement committing, and is not now awaiting trial for committing any of the above criminal offenses in the State of Arizona or similar offenses in another jurisdiction.

\_\_\_\_ Yes – Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title Company/Organization Date

Sincerely,

Coconino County Superintendent of Schools

**Notarized ARS 15-512 Certification Form**

Name

Position

I, \_\_\_\_\_ being duly sworn, do hereby certify that I have  
(Signature)

never been convicted of or admitted committing, am not now awaiting trial for committing any of the following criminal offenses in the State of Arizona or similar offenses in any other jurisdiction:

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| • Sexual abuse of a minor.       | • Felony offenses involving the      |
| • Incest.                        | possession or use of                 |
| • First or second degree         | marijuana, dangerous drugs           |
| murder.                          | or narcotic drugs.                   |
| • Kidnapping.                    | • Misdemeanor offenses involving the |
| • Arson.                         | possession or use of marijuana or    |
| • Sexual assault.                | dangerous drugs.                     |
| • Sexual exploitation of a       | • Burglary in the first degree.      |
| minor.                           | • Burglary in the second or third    |
| • Felony offenses involving      | degree.                              |
| contributing to the              | • Aggravated or armed robbery.       |
| delinquency of a minor.          | • Robbery.                           |
| • Commercial sexual              | • A dangerous crime against children |
| exploitation of a minor.         | as defined in § 13-604.01.           |
| • Felony offenses involving      | • Child abuse.                       |
| sale, distribution or            | • Sexual conduct with a minor.       |
| transportation of offer to sell, | • Molestation of a child.            |
| transport or distribute          | • Manslaughter.                      |
| marijuana or dangerous or        | • Aggravated assault.                |
| narcotic drugs.                  | • Assault.                           |
|                                  | • Exploitation of minors involving   |
|                                  | drug offenses.                       |

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_

On the day of \_\_\_\_\_, \_\_\_\_\_

In \_\_\_\_\_ County, State of \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

### **Consent to Conduct Background Investigation and Release**

I, \_\_\_\_\_ (applicant's name), have applied for employment with the Coconino County Regional Accommodation School District to work as a \_\_\_\_\_ (job title). I

understand that in order for the Coconino County Regional Accommodation School District to determine my eligibility, qualifications and suitability for employment, the Coconino County Regional Accommodation School District will conduct a background investigation if I am considered for an offer of employment. This investigation may include asking my current and any former employer and educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information. I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

I waive \_\_\_\_\_ / do not waive \_\_\_\_\_ (initial one only) my right to see any written reference or other information provided to the School District by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the Coconino County Regional Accommodation School District regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the Coconino County Regional Accommodation School District will not further consider my application if it cannot complete its background investigation.

I waive \_\_\_\_\_ / do not waive \_\_\_\_\_ (initial only one) my right to receive a copy of any written communication furnished to the Coconino County Regional Accommodation School District by any employer.

Whether or not I have waived my right to see or to receive copies of written references furnished to the Coconino County Regional Accommodation School District by employers or educational institutions, I release, hold harmless and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this Coconino County Regional Accommodation School District to complete its background investigation.

A photocopy of facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness: Print Name

\_\_\_\_\_  
Applicant: Print Name

\_\_\_\_\_  
Witness Title